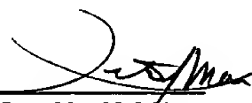


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service with sufficient pre-paid postage as First Class Mail, on September 24, 2001, and is addressed to: Commissioner of Patents, Washington, D.C. 20231.

  
Peter J. Manso, Reg. No. 32,264

9-24-2001  
September 24, 2001  
Deposit Date

In re Application of: Eugenio Cefali  
Serial No.: 08/962,027  
Filing Date: October 31, 1997  
Group Art Unit: 1615  
Examiner: R. Joynes  
Title: **INTERMEDIATE RELEASE NICOTINIC ACID  
COMPOSITIONS FOR TREATING HYPERLIPIDEMIA**

Attn.: Office of Petitions  
Assistant Commissioner for Patents  
Washington, D.C. 20231

September 24, 2001

Sir:

TRANSMITTAL

Transmitted herewith are the following documents and fee:

1. Petition to Revive (three pages);
1. Issue Fee Transmittal; and
2. Return Post Card.

**RECEIVED**

**SEP 28 2001**

**OFFICE OF PETITIONS  
DEPUTY A/C PATENTS**

\_\_\_\_ Please charge to Deposit Account No. \_\_\_\_\_ with the fee in the amount of \_\_\_\_\_. Please charge any deficiency or credit of overpayment to Deposit Account No. \_\_\_\_\_. This sheet is attached in duplicate.

\_\_\_\_\_ A check in the amount of \_\_\_\_\_ is attached for payment of the Preliminary Examination Fee and Handling Fee. Please charge any deficiency or credit any overpayment to Deposit Account No. \_\_\_\_\_.

X The Commissioner is hereby authorized to charge payment of the following fees, including any and all filing fees, recordation fees, and extension of time fees, concerning this communication or other communications involving this application for U.S. patent, or to credit any overpayment to Deposit Account No. 04-1105/ 38292.00023. This sheet is attached in duplicate.

\_\_\_\_\_ Any additional filing fees required under 37 CFR 1.16 including fees for presentation of extra claims.


X Any additional patent application processing fees under 37 CFR 1.17.

X Any fees for filing this Petition to Revive under 37 C.F.R §1.137(b) and 37 C.F.R §1.17(m).

X Issue Fee under 37 CFR 1.18.

Respectfully Submitted,

Date: September 24, 2001

  
\_\_\_\_\_  
Peter J. Manso  
Reg. No. 32,264

Edwards & Angell, LLP  
600 Corporate Drive  
Suite 514  
Ft. Lauderdale, FL 33334  
(954) 491-8050 (Office No.)  
(954) 351-7175 (Fax No.)

## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

# 17

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM22/0302

PETER J MANSO  
AKERMAN, SENTERFITT & EIDSON  
LAS OLAS CENTRE, SUITE 950  
450 EAST LAS OLAS BOULEVARD  
FT. LAUDERDALE FL 33301-2227

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Peter Manso

(Depositor's name)

[Signature]

(Signature)

9-24-2001

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/962,027	10/31/97	028	JOYNES, R	1615 03/02/01
First Named Applicant	CEFALI,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION  
INTERMEDIATE RELEASE NICOTINIC ACID COMPOSITIONS FOR TREATING  
HYPERLIPIDEMIA (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 32892.23	424-465.000	C90	UTILITY	YES	\$620.00	06/04/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Edwards &amp; Angell, LP

2 Peter J. Manso

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Kos Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

Miami, FL

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☐ Advance Order - # of Copies

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 04-1105  
(ENCLOSE AN EXTRA COPY OF THIS FORM)☒ Issue Fee☒ Advance Order - # of Copies

5

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

[Signature]

(Date)

9-24-2001

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE

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